

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

0051097

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 317 Primary Registration District No. 590 Registrar's No. 4055 - - STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

VS 300  
Rev. 4/59

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USE BLACK INK

OR

TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DATE AMENDED

DOCUMENT

BY AFFIDAVIT OF

MEDICAL CERTIFICATION

PLACE OF DEATH  
a. COUNTY St. Louisb. CITY (If outside corporate limits, give TOWNSHIP only)  
OR TOWN Vabley Park

Length of stay in 1b

c. FULL NAME OF (If NOT in hospital, give location)  
HOSPITAL OR INSTITUTION Cedarcroft N. HomeInside Limits  
Yes ☒ No ☐2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)  
a. STATE Mo. b. COUNTY

c. CITY OR TOWN St. Louis

Inside Limits  
Yes ☒ No ☐d. STREET ADDRESS (If outside, give location)  
4212 W. Pine St.Reside on Farm  
Yes ☐ No ☒3. NAME OF DECEASED  
(Type or print)First Middle Last  
Richard Herman Hornhauer4. DATE OF DEATH  
Month Day Year  
Dec. 31 19635. SEX  
M.6. COLOR OR RACE  
W.7. Married ☐ Never Married ☐  
Widowed ☒ Divorced ☐8. DATE OF BIRTH  
10/14/809. AGE (last birthday)  
83IF UNDER 1 YEAR IF UNDER 24 HR  
Months Days Hours Min.10a. USUAL OCCUPATION (Give kind of work done  
during most of working life, even if retired)  
Ass't. Yard Master10b. KIND OF BUSINESS OR INDUSTRY  
Terminal R.R.11. BIRTHPLACE (City and state or country)  
Germany12. CITIZEN OF WHAT COUNTRY  
USA.

13a. FATHER'S NAME

Herman F. Hornhauer

13b. MOTHER'S MAIDEN NAME

Augusta Menda

14. NAME OF HUSBAND OR WIFE

Nellie D. Hornhauer

15. WAS DECEASED EVER IN U.S. ARMED FORCES?  
(Yes, no, or unknown) (If yes, give war or dates of service)  
no

16. SOCIAL SECURITY NO.

17. INFORMANT  
Address Webster Grove  
Lucille M. Stengel, 742 N. Forest Av18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).  
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

ACUTE CONGESTIVE HEART FAILURE

INTERVAL BETWEEN  
ONSET AND DEATH  
3 daysConditions, if any,  
which gave rise to  
above cause (a),  
stating the under-  
lying cause last.

DUE TO (b)

CORONARY SCLEROSIS

?

DUE TO (c)

ARTERIOSCLEROSIS GENERALIZED

?

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal  
disease condition given in PART I (a)  
420.1PART III. If deceased was female was  
there a pregnancy in last 90 days.  
☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY  
PERFORMED?  
YES ☐ NO ☒20a. ACCIDENT SUICIDE HOMICIDE  
☐ ☐ ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY  
Hour a.m. p.m.  
Month, Day, Year20d. INJURY OCCURRED  
WHILE AT WORK ☐  
NOT WHILE AT WORK ☐20e. PLACE OF INJURY (e.g., in or about home,  
farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from DEC 1, 1963 to DEC 31, 1963 and last saw her alive on DEC 29, 1963  
Death occurred at A m on the date stated above, and to the best of my knowledge, from the causes stated.22a. SIGNATURE  
(Degree or title)  
John T. Vandover MD22b. ADDRESS  
1504 So Grand Blvd22c. DATE SIGNED  
1/1/64  
(State)23a. BURIAL, CREMATION,  
REMOVAL (Specify)  
Burial23b. DATE  
1/3/6423c. NAME OF CEMETERY OR CREMATORY  
St. Peters Cemetery23d. LOCATION (City, town, or county)  
St. Louis County, Missouri

24. FUNERAL DIRECTOR

ADDRESS

Parker-Aldrich, Webster Groves, Mo. 1-2-1964

25. DATE RECD. BY LOCAL REG.

26. REGISTRAR'S SIGNATURE  
John B. Murphy MD

(Licensed Embalmer's Statement on Reverse Side)

1001000

1001000

7/24  
0-4  
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**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed \_\_\_\_\_

Lester Welch  
Licensed Embalmer No. 4395

P. O. Address Water Groves Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).  
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.